

www.mass.gov/abcc

LICENSE NUMBER: 0040000	04	CITY OR TOWN ASHLA	AND
APPLICATION FOR RENEW	AL: Annual	LICENSED FO	R 2013
	CLASS		YEAR
LICENSEE NAME: G.L.V. II	NC.		
DOING BUSINESS A NELLO)'S CAFE		
ADDRESS LEDGEMERE FAI	RMS PLZ.		
CITY/TOWN: ASHLAND	STATE: MA	ZIP CODE: 01721	
MANAGER: FERRETTI, NE	ELLO TYPE OF LICENSE: Re	estaurant CATEGOI	RY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LICENSEI	O PREMISES:		
ONE FLOOR NO BASEMENT	C		
I hereby certify and swear unde	r penalties of perjury that:		
1. the renewed license	will be of the same type for the	e same premises now licensed	;
2. the licensee has com	plied with all laws of the Com	monwealth relating to taxes; a	and
3. the premises are nov	v open for business (If not exp	lain below)	
SIGNED BY			
Individu	al, Partner or Authorized Corp	orate Officer	
DATE: TE	ELEPHONE NUMBER:	EMPLOYER IDENTIF	
		(Note: NOT Individual So	cial Security Number)
We the undersigned, attest th	at we are in possession (1) th	ne certificate required by Cl	napter 304 of the
Acts of 2004, signed by the bu			
named license and (2) the cer of 2010.	tificate of liquor liability ins	arance required by Chapter	116 of the Acts
Please Check Below: APPROVED:		LOCAL LICENSING AU	THORITY
DISAPPROVED:		By:	
(If disapproved explain)			
• •			
DATE:			
APPLICATION FOR RENEWAL MUST BE	E FILED BY LICENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. Ch. 13	38 \$ 16A)



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LICENSE NUMBER:	004000006		CITY OR TOV	WN ASHLAN	ND
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 3 PONDE		: GAME CLUB IN	C., THE		
CITY/TOWN: ASHI		STATE: MA	ZIP CODE	i: 01721	
MANAGER: BUCH		E OF LICENSE: C	ub	CATEGORY	Y: All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LI 2 FLOORS AND CEL PASSAGEWAY. FRO RESTROOMS,COAT AND LIQUOR STOR	LAR,1ST FLR BAF ONT AND SIDE EX ROOM, CELLAR, I	ES: R, STORAGE ROC KITS. 2ND FLOOR	M. FURNACE F BANQUET RO	OM KITCHE	
2. the licensee	ear under penalties of the license will be of the has complied with a sare now open for the license with the license will be set the license with the license will be set the license with the license will be set the license with the license will be set the license will be set the license with the license will be set	he same type for the	monwealth relati		d
SIGNED BY	Individual, Partner of	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:			ATION NUMBER:
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building insp	pector and the hea	ne certificate req id of the fire dep	quired by Cha partment for the	he above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)		LOCAL LICE By:	ENSING AUT	HORITY
DATE:					



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LICENSE NUMBEI	R: 004000008		CITY OR TOWN	ASHLAND
APPLICATION FO	R RENEWAL:	Annual	LICEN	NSED FOR 2013
		CLASS		YEAR
	ASHLAND MEMO		V.F.W.#2331	
DOING BUSINESS	A VFW POST 2331			
ADDRESS 311 PLE	EASANT ST			
CITY/TOWN: ASI	HLAND	STATE: MA	ZIP CODE:	01721
MANAGER: OTT	EN, FRED TYP	PE OF LICENSE: Ve	terans club C	CATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
3 FLOORS,2 ROOM KITCHEN, HALL, I	LICENSED PREMIS MS, BASEMENT USI LOUNGE. LAVATO HALL AND OFFIC	ED AS BAR AND L DRIES IN BASEME		;3 ROOMS, OR. UPPER FLOOR,2
I hereby certify and s	swear under penalties	of perjury that:		
1. the renew	ved license will be of	the same type for the	same premises nov	v licensed;
2. the licens	see has complied with	all laws of the Com	nonwealth relating	to taxes; and
3. the premi	ises are now open for	business (If not expl	ain below)	
SIGNED BY	Indiaideal Damman	on Andhanina d Cama	onata Officia	
	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEDIION	E NIIMDED.	EMPL OYE	R IDENTIFICATION NUMBER:
	IELEPHON	E NUMBER:		dividual Social Security Number)
Acts of 2004, signed	d by the building ins	spector and the head	d of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	aiii <i>)</i>			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 004000009		CITY OR TOV	VN ASHLANI)
APPLICATION F	FOR RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAM	E: BURNAM'S 1	742 MANOR INC.			
DOING BUSINE	SS A				
ADDRESS 366 P	LEASANT ST				
CITY/TOWN: A	SHLAND	STATE: MA	ZIP CODE	: 01721	
	IARGIARI, ANIEL M.	TYPE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
	OF LICENSED PRI				
KITCHEN. STRU	JCTURE CONTAI	ST FLOOR RESTAURA NING 14 ROOMS. CELI 'H PATIO CONNECTIN	LAR FOR STOR	AGE 80X80 SQ	
I hereby certify ar	nd swear under pena	alties of perjury that:			
1. the ren	ewed license will b	e of the same type for the	same premises r	now licensed;	
2. the lice	ensee has complied	with all laws of the Comr	nonwealth relatii	ng to taxes; and	
3. the pre	emises are now oper	n for business (If not explanation	ain below)		
SIGNED BY	Individual, Pa	rtner or Authorized Corpo	orate Officer		
DATE:	TELEPI	HONE NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
Acts of 2004, sig	ned by the buildin	e are in possession (1) the g inspector and the head te of liquor liability insu	d of the fire dep	artment for the	above
Please Check Below:			LOCAL LICI	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved ex	spiain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 004000011		CITY OR TOWN	ASHLAND)
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20)13
		CLASS			YEAR
	FUSION RESTAU A FUSION RESTA				
ADDRESS 12 PON	D ST.				
CITY/TOWN: ASI	HLAND	STATE: MA	ZIP CODE:	01721	
MANAGER: CHE	ENG, KIN DIEP TY	PE OF LICENSE: R	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
1 STORY BLDG-15		S AND KITCHEN.	BASE- MENT FOR EXITS AND ENTRA		OF
 the renew the licens 		the same type for the all laws of the Cor	ne same premises now nmonwealth relating blain below)		
SIGNED BY	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHON	E NUMBER:			TON NUMBER:
Acts of 2004, signe	d by the building in	spector and the he	he certificate requinal of the fire depart surance required by	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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0015		CITY OR TOW	N ASHLANL)
WAL:	Annual	LICE	ENSED FOR 20	013
	CLASS			YEAR
S O.CAREY ASSO	CIATION, IN	C A.L.#77		
ES O. CAREY AM	ERICAN LEG	ION		
Γ.				
ST	ATE: MA	ZIP CODE:	01721	
Y, TYPE OF	LICENSE: Vete	erans club	CATEGORY:	All Alcohol
SO VISIT OUR WEBSITE AN	ND ENTER YOUR EM	AIL ADDRESS		_
SED PREMISES:				
				C ROOM,
der penalties of per	jury that:			
se will be of the san	ne type for the	same premises no	ow licensed;	
omplied with all law	s of the Comm	onwealth relating	g to taxes; and	
ow open for busine	ss (If not expla	in below)		
dual, Partner or Aut	horized Corpor	ate Officer		
TELEPHONE NUM	MBER:			
		(Note: NOT	Individual Social S	Security Number)
building inspector	and the head	of the fire depa	rtment for the	above
		LOCAL LICE	NSING AUTH	ORITY
		By:		
		-		 .
	SO.CAREY ASSOES O. CAREY AM T. ST Y, TYPE OF SO VISIT OUR WEBSITE AND STORAGE ROOF UNCTION ROOM der penalties of per se will be of the san complied with all law and open for busine dual, Partner or Aut TELEPHONE NUM that we are in pos building inspector	WAL: Annual CLASS S O.CAREY ASSOCIATION, INCES O. CAREY AMERICAN LEGATOR. STATE: MA Y, TYPE OF LICENSE: Vete SO VISIT OUR WEBSITE AND ENTER YOUR EMED PREMISES: ND STORAGE ROOM, LIQUOR CUNCTION ROOM. ATTIC FOR der penalties of perjury that: se will be of the same type for the somplied with all laws of the Common tow open for business (If not explain the composition of the same type for the somplied with all laws of the Common tow open for business (If not explain the composition of t	WAL: Annual LICE CLASS S O.CAREY ASSOCIATION, INC A.L.#77 ES O. CAREY AMERICAN LEGION C. STATE: MA ZIP CODE: Y, TYPE OF LICENSE: Veterans club SO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS SED PREMISES: ND STORAGE ROOM, LIQUOR STORAGE ROOF UNCTION ROOM. ATTIC FOR STORAGE NO der penalties of perjury that: se will be of the same type for the same premises no complied with all laws of the Commonwealth relating tow open for business (If not explain below) dual, Partner or Authorized Corporate Officer TELEPHONE NUMBER: EMPLOY (Note: NOT) that we are in possession (1) the certificate required to the same of the same of the same of the same premises not the same premises	CLASS S O.CAREY ASSOCIATION, INC A.L.#77 ES O. CAREY AMERICAN LEGION C. STATE: MA ZIP CODE: 01721 Y, TYPE OF LICENSE: Veterans club CATEGORY: SO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS SED PREMISES: ND STORAGE ROOM, LIQUOR STORAGE ROOM, ELECTRIC FUNCTION ROOM. ATTIC FOR STORAGE NO BASEMENT der penalties of perjury that: se will be of the same type for the same premises now licensed; complied with all laws of the Commonwealth relating to taxes; and now open for business (If not explain below) dual, Partner or Authorized Corporate Officer TELEPHONE NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social State of liquor liability insurance required by Chapter 116 LOCAL LICENSING AUTHORS



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 004000018		CITY OR TOWN	ASHLAND
APPLICATION FO	OR RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 355 WI	S A T.J. SPIRITS SC			12410
CITY/TOWN: AS	HLAND	STATE: MA	ZIP CODE:	01721
MANAGER: TO	MASZ, JOHN A. TY	PE OF LICENSE: Re	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS		EBSITE AND ENTER YOUR F	MAIL ADDRESS	
			R FOR STORAGE O	F STOCK. 1 FRONT
 the rener the licen 	swear under penalties wed license will be of see has complied with hises are now open for	the same type for the all laws of the Com	monwealth relating to	
SIGNED BY	Individual, Partne	or Authorized Corp	orate Officer	
DATE:	TELEPHON	IE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, sign	ed by the building in	spector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004000022	C	CITY OR TOWN	ASHLAND	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: ASHLAND PUBLIC M	ARKET, INC.			
DOING BUSINESS A MAIN STREET WIN	E & SPIRITS			
ADDRESS 197 MAIN STREET				
CITY/TOWN: ASHLAND	STATE: MA	ZIP CODE:	01721	
MANAGER: GOLDBERG, TYPE O	F LICENSE: Packa	age Store CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EMAI	IL ADDRESS		
${\tt DESCRIPTION\ OF\ LICENSED\ PREMISES:}$				
1 FLOOR, 2 ROOMS CELLAR FOR STORA CENTER AND ONE RIGHT EXIT, ONE LE			ENTRANCE. ONE	
 the renewed license will be of the st the licensee has complied with all la the premises are now open for busin 	aws of the Commo	nwealth relating to		
SIGNED BY Individual, Partner or A	uthorized Corpora	te Officer		
DATE: TELEPHONE NU	JMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED:		LOCAL LICENSE By:	ING AUTHORITY	
DISAPPROVED:		-		
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 004000023		CITY OR TOWN	ASHLAND)
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	E: SUNNYSIDE	LIQUORS, LLC			
DOING BUSINES	SS A SUNNYSID	E LIQUORS			
ADDRESS 7 PON	ND STREET				
CITY/TOWN: A	SHLAND	STATE: MA	ZIP CODE:	01721	
MANAGER: GI	HIA, KETAN	TYPE OF LICENSE:	Package Store Ca	ATEGORY:	All Alcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		
DESCRIPTION C	F LICENSED PR	EMISES:			
ONE FLOOR, FO WAUSHAKUM A		LLAR FOR STORAGE,	ENTRANCE ON PO	ND ST, EXIT	ΓON
I hereby certify an	d swear under pen	alties of perjury that:			
1. the ren	ewed license will l	be of the same type for t	he same premises now	licensed;	
2. the lice	ensee has complied	with all laws of the Con	nmonwealth relating to	o taxes; and	
3. the pre-	mises are now ope	n for business (If not ex	plain below)		
SIGNED BY					
	Individual, Pa	artner or Authorized Con	porate Officer		
DATE:	TELEP	HONE NUMBER:	EMPLOYER	RIDENTIFICAT	ION NUMBER:
			(Note: NOT Ind	lividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved ex					
(11 disappioved ex	piani)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	004000024		CITYOR	KIOWN	ASHLANI	,
APPLICATION FOR I	RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 69 POND		NIENT FOOD MARKE	Γ, INC.			
CITY/TOWN: ASHL	AND	STATE: MA	ZIP (CODE:	01721	
MANAGER: TADRO	OS, ONCY	TYPE OF LICENSE:P	ackage Store	e C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
2. the licensee	N RETAIL Mear under pen license will has complied	MALL	nmonwealth	relating		
SIGNED BY	Individual, Pa	artner or Authorized Cor	porate Offic	er		
DATE:	TELEP	HONE NUMBER:				TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL By:	LICEN	SING AUTH	ORITY
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	VIBER: 004000025		CITY OR TOV	WIN ASHLAMI	J
APPLICATION	N FOR RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NA	AME: VICESRUS,	INC			
DOING BUSIN	NESS A CLOCKTO	WN PACKAGE STORE			
ADDRESS 68	UNION ST				
CITY/TOWN:	ASHLAND	STATE: MA	ZIP CODE	: 01721	
MANAGER:	MOORS, DAVID	TYPE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION	N OF LICENSED PE	REMISES:			
	CONSISTING OF R AND TWO EXITS	ETAIL AREA, COOLER	R, OFFICE, COMI	PUTER ROOM,	
1. the 1	renewed license will licensee has complied	nalties of perjury that: be of the same type for the d with all laws of the Coren for business (If not expense)	nmonwealth relati		
SIGNED BY	Individual, P	artner or Authorized Cor	porate Officer		
DATE:	TELEI	PHONE NUMBER:		OYER IDENTIFICATION Γ Individual Social Ω	
Please Check Belo APPROVED:	w <u>:</u>		LOCAL LIC	ENSING AUTH	ORITY
DISAPPROVE	ED:		2).		
(If disapproved	explain)				
DATE:					



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LICENSE NUMBER:	004000028		CITY OR TOWN ASHLAND			
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2	013		
		CLASS		YEAR		
LICENSEE NAME: DOING BUSINESS A		AND SEAFOOD				
ADDRESS 87 MAIN	STREET					
CITY/TOWN: ASHI	AND	STATE: MA	ZIP CODE: 01721			
	CONSTANTI TY LEONORA	PE OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular		
EMAIL ADDRESS:						
		EBSITE AND ENTER YOUR EM	IAIL ADDRESS			
DESCRIPTION OF L		SES:				
	MS & KITCHEN					
	es are now open for	business (If not expla				
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:		
			(Note: NOT Individual Social	Security Number)		
Acts of 2004, signed	by the building in	spector and the head	e certificate required by Chap of the fire department for the rance required by Chapter 11	e above		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	1)		LOCAL LICENSING AUTH By:	ORITY		
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 004000029		CITY OR TOWN ASHLA	ND
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	CHUNG FON,	INC.		
DOING BUSINESS	A CHERRY BLO	OSSOM RESTAURAN	VT	
ADDRESS 80 UNIO	ON STREET			
CITY/TOWN: ASI	·ILAND	STATE: MA	ZIP CODE: 01721	
MANAGER: HAR FON	RDEN, WEI- TAMMIE	ΓΥΡΕ OF LICENSE: Re	estaurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OU	IR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF				
1ST. FLOOR, KITC	HEN, MAIN DIN	ING AREA, FUNCTION	ON/ DINING AREA/BAR	
				
I hereby certify and s	-			
		• •	e same premises now licensed;	
	-	for business (If not exp	monwealth relating to taxes; and lain below)	na
5. the premi	ses are now open	Tor business (if not exp	iam ociow)	
SIGNED BY				
	Individual, Part	tner or Authorized Corp	oorate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Soc	ial Security Number)
Acts of 2004, signe	d by the building	inspector and the hea	he certificate required by Chand of the fire department for urance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	ΓHORITY
APPROVED:			By:	
DISAPPROVED: [(If disapproved explain	 ain)			
(11 disapproved expire	·····)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	004000030	,	CITY OR TOWN	ASHLANI	,
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	PATEND INCORPORATE THE MALT SHOP	D			
ADDRESS 315 PON	D STREET				
CITY/TOWN: ASHI	LAND STA	TE: MA	ZIP CODE:	01721	
MANAGER: RAWI S.	TZ, MARTIN TYPE OF LI	CENSE: Pack	tage Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMA	AIL ADDRESS		_
	ICENSED PREMISES:				
	'AIL MALL, ONE FRONT I year under penalties of perjui		ONE REAR EXI	Т	
2. the licensed	d license will be of the same e has complied with all laws es are now open for business	of the Commo	onwealth relating t		
	Individual, Partner or Author	orized Corpor	ate Officer		
DATE:	TELEPHONE NUME	BER:			TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICENS By:	SING AUTH	ORITY
DATE:			-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	004000032	(CITY OR TOWN ASHLA	ND
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	LONG ACRE, INC	t ·		
DOING BUSINESS A	STONE'S PUBLIC	C HOUSE		
ADDRESS 179 MAIN	I ST			
CITY/TOWN: ASHI	AND	STATE: MA	ZIP CODE: 01721	
MANAGER: BERG ORY	ERON,GREG TYP	PE OF LICENSE: Innho	older CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
PI	EASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF L				
SIXTEEN ROOMS, T			RAGE, OUTSIDE PATIO A	AREA 40 X
2. the licensee	d license will be of the has complied with the are now open for l	the same type for the sa		d
	marviduai, Farmei	of Authorized Corpora	tile Officer	
DATE:	TELEPHONI	E NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Acts of 2004, signed	by the building ins	spector and the head o	certificate required by Cha of the fire department for t nnce required by Chapter 1	he above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)		LOCAL LICENSING AUT By:	THORITY
DATE:				



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LICENSE NUMBER: 004000033		CITY OR TOWN ASHLANL)
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: WONG FA			
ADDRESS 33 POND ST			
CITY/TOWN: ASHLAND	STATE: MA	ZIP CODE: 01721	
MANAGER: WONG, BERY	TYPE OF LICENSE: Res	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VIS	T OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	_
DESCRIPTION OF LICENSED F			
GROUND LEVEL DINING ROO	M		
2. the licensee has compli 3. the premises are now of SIGNED BY Individual,	· =		
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010.	ling inspector and the head	l of the fire department for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORS	ORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	04000037		CITY OR TO	WN ASHLA	AND
APPLICATION FOR R	RENEWAL:	Annual	LIC	CENSED FOR	R 2013
		CLASS			YEAR
LICENSEE NAME: P	PIYUSH N. PATEL				
DOING BUSINESS A	LUCKY FARMS				
ADDRESS 1 WEST U	NION STREET				
CITY/TOWN: ASHLA	AND	STATE: MA	ZIP CODE	2: 01721	
MANAGER: PATEL	, PIYUSH N. TYPE	OF LICENSE: Pa	ackage Store	CATEGOR	RY: Wine and Malt Regular
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LIC	CENSED PREMISES	S :			
ONE WEST UNION S' BUILDING, MAIN EN FRONT CORNERS OF	TRANCE (DOUBLE	E DOORS), 2 AI			
I hereby certify and swe	ear under penalties of	perjury that:			
• •	license will be of the		e same premises	now licensed:	,
2. the licensee	has complied with all	laws of the Con	nmonwealth relati	ng to taxes; a	ind
3. the premises	are now open for bu	siness (If not exp	olain below)		
SIGNED BY					
I	ndividual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	NUMBER:	EMPLO	YER IDENTIFI	ICATION NUMBER:
			(Note: NO)	Γ Individual Soc	cial Security Number)
Please Check Below:					
APPROVED:			LOCAL LIC	ENSING AU	THORITY
DISAPPROVED:			By:		
(If disapproved explain))				
			-		
DATE:					



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LICENSE NUMBEI	R: 004000038		CITY OR TOWN ASHLA	ND
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	JBMAC Events, LLC			
DOING BUSINESS	A The Oregon Club			
ADDRESS 117 ORI	EGON RD			
CITY/TOWN: ASI	HLAND	STATE: MA	ZIP CODE: 01721	
MANAGER: Scan M.	lon, Christopher TYPE	OF LICENSE: Res	taurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	IAIL ADDRESS	
	LICENSED PREMISE			
			FOR STORAGE ONLY. ENT STERLY attached patio	RANCE ON
I hereby certify and	swear under penalties of	f perjury that:		
1. the renew	ved license will be of the	e same type for the	same premises now licensed;	
2. the licens	ee has complied with al	l laws of the Comm	nonwealth relating to taxes; ar	ıd
3. the premi	ses are now open for bu	ısiness (If not expla	in below)	
SIGNED BY				
	Individual, Partner or	· Authorized Corpo	rate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFIC	
			(Note: <u>NOT</u> Individual Soci	al Security Number)
Acts of 2004, signe	d by the building inspe	ector and the head	certificate required by Cha of the fire department for t rance required by Chapter 1	he above
Please Check Below:			LOCAL LICENSING AUT	THORITY
APPROVED:			By:	
DISAPPROVED:	-:->			
(If disapproved expl	ain)			
DATE:				



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	R: 004000039		CITY OR TOWN	A STILL II VD
APPLICATION FO	R RENEWAL:	Annual	LICENSI	ED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 1 WEST	S A CORNER PU			
CITY/TOWN: AS		STATE: MA	ZIP CODE:	01721
MANAGER: SMI		TYPE OF LICENSE: Res		ΓEGORY: All Alcohol
EMAIL ADDRESS:		THE OF LICENSE.RES	taurant CA	TEGORT: All Alcohol
EMAIL ADDRESS		UR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF				
		O ENTRANCES, COOL ONE ENTRANCE, OFFI		
SIGNED BY		n for business (If not expla		
	maividuai, Pai	ther of Authorized Corpo	rate Officer	
DATE:	TELEPF	ONE NUMBER:		DENTIFICATION NUMBER: idual Social Security Number)
Acts of 2004, signe	ed by the building	e are in possession (1) the g inspector and the head te of liquor liability insu	of the fire departme	ent for the above
of 2010. Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LICENSIN	NG AUTHORITY



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 004000040		CITY C	OR TOWN	ASHLAND)
APPLICATION FO	R RENEWAL:	Annual	I	LICEN	SED FOR 20)13
		CLASS	3			YEAR
LICENSEE NAME:	KRUA KHUN YA	AH THAI RESTA	AURANT INC	C.		
DOING BUSINESS	A KRUA KHUN Y	YAH THAI				
ADDRESS 325 PO	ND STREET					
CITY/TOWN: ASI	HLAND	STATE:	MA ZIP	CODE:	01721	
MANAGER: SAT A, K	'AYAHURAKS TY 'ASEM	PE OF LICENSI	E:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER Y	OUR EMAIL ADDRE	ESS		_
DESCRIPTION OF						
ONE FLOOR WITH				EN AND S	ΓORAGE AF	REA
I hereby certify and	•				1 1.	
	ved license will be of see has complied wit		_			
	ises are now open for			•	J taxes, and	
				,		
SIGNED BY						
5161(25 51	Individual, Partne	er or Authorized (Corporate Offi	cer		
			Г			
DATE:	TELEPHON	NE NUMBER:		EMPLOYER	DENTIFICAT	TON NUMBER:
			(No	ote: NOT Ind	ividual Social S	ecurity Number)
Acts of 2004, signe	ed, attest that we ar d by the building ir (2) the certificate o	spector and the	head of the f	ire departı	nent for the	above
Please Check Below:			LOCA	L LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	ain)					
DATE:						



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LICENSE NUMBER: 00400004	1	CITY OR TOWN	ASHLAND	
APPLICATION FOR RENEWA	L: Annual	LICENS	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: AJB,INC.				
DOING BUSINESS A AJB BEF	ER & WINE			
ADDRESS 378 UNION STREET	T			
CITY/TOWN: ASHLAND	STATE: MA	ZIP CODE:	01721	
MANAGER: PETIT,ROBERT	TYPE OF LICENSE: Pa	nckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VI	ISIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LICENSED	PREMISES:			
2. the licensee has comp 3. the premises are now see SIGNED BY	vill be of the same type for the clied with all laws of the Componen for business (If not exp	nmonwealth relating to		
DATE: TEL	EPHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATI	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE: APPLICATION FOR RENEWAL MUST BE F	FILED BY LICENSEES DURING THE I	MONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	A)



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ON PREMISES LICENSE RENEWAL APPLICATION

ADDITION FOR REVIEWA		R TOWN ASHLAND	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: ASHLAND FISH & DOING BUSINESS A ADDRESS 00003A PONDEROSA RD	GAME CLUB, INC		
CITY/TOWN: ASHLAND	STATE: MA ZIP	CODE: 01721	
MANAGER: BUCHAN, BRUCE TYPI	E OF LICENSE: Restaurant	CATEGORY: Wine and Malt Regul	lar
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EMAIL ADDRE	SS	
DESCRIPTION OF LICENSED PREMISI			
CEMENT BLOCK BLDG, ONE EXIT DO SHELVES, REFRIGERATION COOLERS SOFTBALL EQUIPMENTADDING O	S AND FREEZER, ATTACH		
I hereby certify and swear under penalties of	of perjury that:		
1. the renewed license will be of the	he same type for the same pre	mises now licensed;	
2. the licensee has complied with a			
3. the premises are now open for b	ousiness (If not explain below)	
SIGNED BY Individual, Partner of	or Authorized Corporate Offic	cer	
	or Authorized Corporate Offic	cer	
	or Authorized Corporate Offic	cer	
		CET EMPLOYER IDENTIFICATION NUMBER	1
Individual, Partner of	E NUMBER:		
Individual, Partner of	E NUMBER: (No in possession (1) the certificate pector and the head of the fi	EMPLOYER IDENTIFICATION NUMBER of the NOT Individual Social Security Number of the required by Chapter 304 of the redepartment for the above	r) e
DATE: TELEPHONE We the undersigned, attest that we are is Acts of 2004, signed by the building inspramed license and (2) the certificate of I	E NUMBER: (No in possession (1) the certificate pector and the head of the fi liquor liability insurance rec	EMPLOYER IDENTIFICATION NUMBER of the NOT Individual Social Security Number of the required by Chapter 304 of the redepartment for the above	r) e
Individual, Partner of DATE: TELEPHONE We the undersigned, attest that we are is Acts of 2004, signed by the building inspinamed license and (2) the certificate of 1 of 2010. Please Check Below: APPROVED:	E NUMBER: (No in possession (1) the certificate pector and the head of the fi liquor liability insurance rec	EMPLOYER IDENTIFICATION NUMBER of the security Number of N	r) e
Individual, Partner of TELEPHONE We the undersigned, attest that we are it Acts of 2004, signed by the building inspinamed license and (2) the certificate of 1 of 2010. Please Check Below: APPROVED: DISAPPROVED:	E NUMBER: (No in possession (1) the certificate pector and the head of the fi liquor liability insurance rec LOCA	EMPLOYER IDENTIFICATION NUMBER of the security Number of N	r) e
Individual, Partner of DATE: TELEPHONE We the undersigned, attest that we are is Acts of 2004, signed by the building inspinamed license and (2) the certificate of 1 of 2010. Please Check Below: APPROVED:	E NUMBER: (No in possession (1) the certificate pector and the head of the fi liquor liability insurance rec LOCA	EMPLOYER IDENTIFICATION NUMBER of the security Number of N	r) e
Individual, Partner of TELEPHONE We the undersigned, attest that we are it Acts of 2004, signed by the building inspinamed license and (2) the certificate of 1 of 2010. Please Check Below: APPROVED: DISAPPROVED:	E NUMBER: (No in possession (1) the certificate pector and the head of the fi liquor liability insurance rec LOCA	EMPLOYER IDENTIFICATION NUMBER of the security Number of N	r) e



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004000044		CITY OR TOWN	ASHLAND	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: Ichiban Steak Hou	se, Inc			
DOING BUSINESS A Ichiban Steak Ho	ouse			
ADDRESS 380 Union St				
CITY/TOWN: ASHLAND	STATE: MA	ZIP CODE:	01721	
MANAGER: Zheng, Amy Xinyu TY	PE OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMI first floor consisting of approx 3100 sq ft I hereby certify and swear under penaltie 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for SIGNED BY	with one entrance and s of perjury that: If the same type for the h all laws of the Comm	d two exits same premises now nonwealth relating to ain below)		
DATE: TELEPHON	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate o of 2010. Please Check Below:	spector and the head	d of the fire departn	nent for the Chapter 116	above of the Acts
APPROVED: DISAPPROVED: (If disapproved explain)		By:		
DATE:				



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LICENSE NUMBE	ER: 004000045		CITY OR TOWN ASHLANI	D
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR 2	.013
		CLASS		YEAR
LICENSEE NAME	E: KARRAS INC.			
DOING BUSINES	S A ASHLAND PIZ	ZA PALACE		
ADDRESS 74 UNI	ION STREET			
CITY/TOWN: AS	SHLAND	STATE: MA	ZIP CODE: 01721	
MANAGER: SO	LIMAN, SAMER TY	YPE OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	F LICENSED PREM			
	A AT 74 UNION STE G CAPACITY IS 28.		E FRONT DOOR AND ONE F	REAR
I hereby certify and	l swear under penaltie	es of perjury that:		
1. the rene	wed license will be o	f the same type for the	same premises now licensed;	
2. the licer	see has complied wit	th all laws of the Comm	nonwealth relating to taxes; and	
3. the pren	nises are now open for	or business (If not expla	in below)	
SIGNED BY				
	Individual, Partne	er or Authorized Corpo	rate Officer	
D 4 (T)				
DATE:	TELEPHO:	NE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social)	
			(170te. 1701 Individual Social	Security Number)
Acts of 2004, sign	ed by the building in	nspector and the head	e certificate required by Chap of the fire department for the rance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:]		By:	
DISAPPROVED:	1: >			
(If disapproved exp	olain)			
DATE:				



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ICENSE NUMBER: 004000046		CITY OR TOWN ASHLAND			
APPLICATION FOR RE	ENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: CS	MP LLC				
DOING BUSINESS A	HE'S BEER & WI	NE			
ADDRESS 300 ELIOT S	TREET				
CITY/TOWN: ASHLAI	ND	STATE: MA	ZIP CODE:	01721	
MANAGER: PATEL,	CHETAK TYPE	OF LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEAS	SE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LICE	ENSED PREMISES	S:			
1235 SQ FTCONVENIENCE STORE WITH LOTTERY AND SELLING BEER AND WINE					
I hereby certify and swear	r under penalties of	perjury that:			
1. the renewed li	cense will be of the	same type for the	same premises now	licensed;	
2. the licensee ha	as complied with al	l laws of the Com	nonwealth relating to	taxes: and	
	re now open for bu		=	,	
	· · · · · · · · · · · · · · · · · · ·	I			
CICNED DV					
SIGNED BY Inc	dividual, Partner or	Authorized Corp	orate Officer		
	,				
DATE:	TELEPHONE NUMBER:		EMPI OVER	IDENTIFICAT	TON NUMBER:
211121			EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
					•
Please Check Below: APPROVED:			LOCAL LICENSING AUTHORITY By:		
(If disapproved explain)					
DATE			-		
DATE:					
APPLICATION FOR RENEWAL N	MUST BE FILED BY LICE	NSEES DURING THE M	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	5A)